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(37 CFR 1.63)

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COMPLETE IF KNOWN

First Named Inventor G. Thomas Williams

Attorney Docket No. 71362-1

Application No.

[Page I of 2]

Michael B. Stewart  Ackander D. Robinovich  37,425 Kristin L. Murpby  41,212 Kevin D. Rutherford  40,412 G. Thornas Williams  42,228 Glenn E. Porbis  40,610 William Cosnowski  42,441 Ronald P. Kannen  40,412 G. Thornas Williams  42,228 Ronald P. Kannen  40,412 John P. Guenther  31,698 Matthew J. Russo  41,282 John P. Guenther  39,698 Anne M. Shih  36,372 James F. Kamp  41,882  David K. Benson  42,214  Additional reginered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SR02C stacked bersto.  Direct all correspondence to Customer Number or Bar Code Label  Clustomer Number or Bar Code Label  Direct all correspondence to Customer Number or Bar Code Label  Clustomer Number  Clustomer Number  Clustomer Number  Or Correspondence  Address  Clty, State, ZIP  Country  Telephone  Telephon	Please type a plus sign (+) in	≀thisbox: → [	<u>.                                    </u>		h	TO SECURE		
DECLARATION - Utility Or Design Patent Application As a named inventor, I hereby appoint the following registered practitione(s) to prosecute this application and to transact all business in Patent and Trademank Office connected therewith:     Customer Number 20915					Trademark Office:	U.S. DEPARTMENT OF COMME		
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in Patent and Trademark Office connected therewith:    Registrated practitioner(s) name/registration number 20915	Inder the Paperwork Reduc							
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John E. McGarry 22,360 Joel E. Bair 33,356 H. Lawrence Smith 24,900 Richard D. Grauer 22,388 Raph T. Rader 22,372 Michael D. Fishman 31,951 Joseph V. Coppola, Sr. 33,373 Mark A. Davis 31,951 Roseph V. Coppola, Sr. 33,373 Mark A. Davis 31,181 Michael B. Stewart 40,548 Alexander D. Rabinovich 37,425 Kristin L. Murphy 41,212 Keyin D. Rutherford 40,412 G. Thomas Williams 42,228 Glem E. Forbis 40,610 William Cosnowski 42,441 Romald P. Kannen 24,104 Donald J. Wallace 43,977 Matthew J. Russo 41,282 John P. Guenther 39,698 Anna M. Shih 36,372 James F. Kamp 41,882 David K. Benson 42,314  Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C stached hereto.  Direct all correspondence to Customer Number or Bar Code Label 20,915  Direct all correspondence to Customer Number or Bar Code Label 20,915  Name Address Cluy, State, ZIP Country Telephone Fax Te			practitioner(s) na	me/registration number lis	ted below			
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Raiph T. Rader   28,772   Michael D. Fishman   31,951     Joseph V. Coppols, Sr.   33,373   Mark A. Davis   37,118     Michael B. Stewart   36,018   Annette R. Carrothers   40,548     Alexander D. Rabinovich   37,425   Kristin L. Murphy   41,212     Kevin D. Rutherford   40,412   G. Thomas Williams   42,228     Glem B. Forbis   40,610   William Cosnowski   42,441     Ronald P. Kammen   24,104   Donald J. Wallace   43,977     Matthew J. Russo   41,282   John P. Guenther   39,698     Annette R. Kamp   41,882     David K. Benson   42,314     Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SR02C stached herato.    Direct all correspondence to								
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Revin D. Rutherford   40,412   G. Thomas Williams   42,228	Michael B. Stewart	3	6,018	Annette R. Carrothers				
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Matthew J. Russo  Anna M. Shih  36,372  James F. Kamp  41,882  David K. Benson  Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheer PTO/SRIO2C attached herato.  Direct all correspondence to Customer Number or Bar Code Label  Customer Number or Bar Code Label  Direct all correspondence to Customer Number or Bar Code Label  Customer Number  Address  Clay, State, ZIP  Country  Telephone  Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  NAME OF SOLE OR FIRST INVENTOR:  Given Name  (first and middle [if any])  G. THOMAS  Family Name  or Surname  WILLIAMS  Inventor's Signature  Family Name  or Surname  Willing Address  City  Grand Rapids  State  MI  ZIP  49503  Country  US  NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor  Family Name  or Surname  Willing Address  NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor  Family Name  or Surname  Willing Address  Mailing Address								
Anna M. Shih  Jos. 372 James F. Kamp  All, 882 David K. Benson  Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to Customer Number or Bar Code Label  City, State, ZIP  Country  Telephone  Fax  Telephone  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jcopardize the validity of the application or any patent issued thereon.  Amme OF SOLE OR FIRST INVENTOR:  Given Name  (first and middle [if any])  G. THOMAS  Inventor's Signature  Residence: City  Grand Rapids  State  Mi Country  US  Citizenship  US  NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor  Family Name  or Surname  Family Name  or Surname  Family Name  first and middle [if any])  Family Name  or Surname  Olitizenship								
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C stracked hereto.  Direct all correspondence to Customer Number or Bar Code Label  20915  PATENT IRADEMARK OFFICE  Name Address City, State, ZIP Country Telephone Fax  Address  City State, ZIP  Country Telephone Fax  Telepho								
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Name Address City, State, ZIP Country Telephone Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of ti application or any potent issued thereon.  NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) G. THOMAS Family Name or Surname WILLIAMS  Namiling Address  City Grand Rapids State MI Country US Cirizenship US  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor US  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor  City Grand Rapids State MI ZIP 49503 Country US  NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor  Given Name (first and middle [if any])  Family Name or Surname  Family Name or Surname  Family Name Of Surname  Date  Residence: City State Country Citizenship  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address	Additional registered p	ractitioner(s) named on suppl	lemental Registere	d Practitioner Information	sheet PTO/SH/020	attached herato.		
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